

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

North County RSF Dems

ADDRESS (number and street) ▼

810 Los Vallecitos Boulevard

Suite 211

☐ Check if different than previously reported. (ACC)

San Marcos

CA

92069-1450

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00382861

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☒ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Xavier Martinez

Signature of Treasurer

Xavier Martinez

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

North County RSF Dems

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
07		01		2014

To:

M M	/	D D	/	Y Y Y Y Y
09		30		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2014</td></tr></table>	Y	Y	Y	Y	Y	2014						<table><tr><td colspan="5">14794.34</td></tr></table>	14794.34				
Y	Y	Y	Y	Y													
2014																	
14794.34																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">6887.23</td></tr></table>	6887.23															
6887.23																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">1919</td></tr></table>	1919					<table><tr><td colspan="5">11485.98</td></tr></table>	11485.98									
1919																	
11485.98																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">8806.23</td></tr></table>	8806.23					<table><tr><td colspan="5">26280.32</td></tr></table>	26280.32									
8806.23																	
26280.32																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">2437.2</td></tr></table>	2437.2					<table><tr><td colspan="5">19911.29</td></tr></table>	19911.29									
2437.2																	
19911.29																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">6369.03</td></tr></table>	6369.03					<table><tr><td colspan="5">6369.03</td></tr></table>	6369.03									
6369.03																	
6369.03																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0</td></tr></table>	0															
0																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">1214.77</td></tr></table>	1214.77															
1214.77																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

North County RSF Dems

Report Covering the Period:

From:

 M M / D D / Y Y Y Y  
 07 / 01 / 2014

To:

 M M / D D / Y Y Y Y  
 09 / 30 / 2014
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

454

804

(ii) Unitemized .....

1465

10506.98

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

1919

11310.98

(b) Political Party Committees .....

0

0

(c) Other Political Committees

(such as PACs).....

0

0

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

1919

11310.98

## 12. Transfers From Affiliated/Other

Party Committees.....

0

0

## 13. All Loans Received .....

0

0

## 14. Loan Repayments Received.....

0

0

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0

175

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0

0

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0

0

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5) .....

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

1919

11485.98

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

1919

11485.98

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	937.2	13411.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	937.2	13411.29
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500	5500
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements .....	0	1000
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2437.2	19911.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2437.2	19911.29

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1919	11310.98
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1919	11310.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	937.2	13411.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	175
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	937.2	13236.29

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**North County RSF Dems**

Full Name (Last, First, Middle Initial)

## **A. Tom C Brunkow**

Mailing Address 4801 Mount Armour Drive

City

San Diego

State

CA

Zip Code

92111-3922

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2014

**Transaction ID : 2203-3269-c**

Amount of Each Receipt this Period

30

Full Name (Last, First, Middle Initial)

## **B. William Harman**

Mailing Address 1837 Hill Top Lane

City

Encinitas

State

CA

Zip Code

92024-1973

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Grauer School & Scripps Health

Occupation

Retired Clergy: Teacher: Chaplain

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2014

**Transaction ID : 787-3328-c**

Amount of Each Receipt this Period

15

Full Name (Last, First, Middle Initial)

## **C. Susan V Wayo**

Mailing Address 544 Via De La Valle  
Unit E

City

Solana Beach

State

CA

Zip Code

92075-2488

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Gendreau Group

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 04 / 2014

**Transaction ID : 2142-3282-c**

Amount of Each Receipt this Period

50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

95.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North County RSF Dems

Full Name (Last, First, Middle Initial)

A. Susan V Wayo

Mailing Address 544 Via De La Valle

Unit E

City

Solana Beach

State

CA

Zip Code

92075-2488

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Gendreau Group

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2014

Transaction ID : 2142-3297-c

Amount of Each Receipt this Period

1

Full Name (Last, First, Middle Initial)

B. Susan V Wayo

Mailing Address 544 Via De La Valle

Unit E

City

Solana Beach

State

CA

Zip Code

92075-2488

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Gendreau Group

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 09 / 2014

Transaction ID : 2142-3315-c

Amount of Each Receipt this Period

2

Earmarked through Complete Campaigns.

Full Name (Last, First, Middle Initial)

C. Susan V Wayo

Mailing Address 544 Via De La Valle

Unit E

City

Solana Beach

State

CA

Zip Code

92075-2488

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Gendreau Group

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 14 / 2014

Transaction ID : 2142-3317-c

Amount of Each Receipt this Period

6

Earmarked through Complete Campaigns.

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

9.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**North County RSF Dems**

Full Name (Last, First, Middle Initial)

## **A. Susan V Wayo**

Mailing Address 544 Via De La Valle

Unit E

City

Solana Beach

State

CA

Zip Code

92075-2488

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Gendreau Group

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205

Date of Receipt

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : 2142-3325-c**

Amount of Each Receipt this Period

25

Earmarked through Complete Campaigns.

Full Name (Last, First, Middle Initial)

## **B. Stephen Wehling**

Mailing Address 4841 Carriage Run Drive

City

San Diego

State

CA

Zip Code

92130-6952

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Phone Company

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325

Date of Receipt

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : 2386-3324-c**

Amount of Each Receipt this Period

325

Earmarked through Complete Campaigns.

Full Name (Last, First, Middle Initial)

## **C. Complete Campaigns**

Mailing Address 3635 Ruffin Road

Floor 3

City

San Diego

State

CA

Zip Code

92123-1880

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2014

**Transaction ID : 2386-3324-c.e**

Amount of Each Receipt this Period

325

### **[MEMO ITEM]**

Earmarked-Original Details. Total Earmarked via this conduit: \$325. PAC limit not affected.

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

454.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 16

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

North County RSF Dems

Full Name (Last, First, Middle Initial)

**A. Complete Campaigns**Mailing Address 3635 Ruffin Road  
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
07 / 01 / 2014

Transaction ID : SB21B-64-3275-e

Amount of Each Disbursement this Period

4

Full Name (Last, First, Middle Initial)

**B. Complete Campaigns**Mailing Address 3635 Ruffin Road  
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
07 / 11 / 2014

Transaction ID : SB21B-64-3276-e

Amount of Each Disbursement this Period

2

Full Name (Last, First, Middle Initial)

**C. Complete Campaigns**Mailing Address 3635 Ruffin Road  
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement  
Filing Software

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
07 / 14 / 2014

Transaction ID : SB21B-64-3277-e

Amount of Each Disbursement this Period

86

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

92.00





**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 16

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

North County RSF Dems

Full Name (Last, First, Middle Initial)

**A. Complete Campaigns**Mailing Address 3635 Ruffin Road  
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
09 / 12 / 2014

Transaction ID : SB21B-64-3318-e

Amount of Each Disbursement this Period

0.35

Full Name (Last, First, Middle Initial)

**B. Complete Campaigns**Mailing Address 3635 Ruffin Road  
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
09 / 19 / 2014

Transaction ID : SB21B-64-3319-e

Amount of Each Disbursement this Period

13.5

Full Name (Last, First, Middle Initial)

**C. Complete Campaigns**Mailing Address 3635 Ruffin Road  
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
09 / 23 / 2014

Transaction ID : SB21B-64-3320-e

Amount of Each Disbursement this Period

1.5

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.35

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North County RSF Dems

Full Name (Last, First, Middle Initial)

**A. Complete Campaigns**Mailing Address 3635 Ruffin Road  
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

Transaction ID : SB21B-64-3321-e

Amount of Each Disbursement this Period

14.75
-------

Full Name (Last, First, Middle Initial)

**B. Complete Campaigns**Mailing Address 3635 Ruffin Road  
Floor 3

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : SB21B-64-3347-e

Amount of Each Disbursement this Period

26.25
-------

Full Name (Last, First, Middle Initial)

**C. Martinez & Associates, Inc.**Mailing Address 810 Los Vallecitos Boulevard  
Suite 211

City San Marcos State CA Zip Code 92069-1450

Purpose of Disbursement  
Professional Treasurer Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		04		2014

Transaction ID : SB21B-2206-3278-e

Amount of Each Disbursement this Period

200
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

241.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

North County RSF Dems

Full Name (Last, First, Middle Initial)

**A. Martinez & Associates, Inc.**Mailing Address 810 Los Vallecitos Boulevard  
Suite 211

City San Marcos State CA Zip Code 92069-1450

Purpose of Disbursement  
Professional Treasurer Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2014

Transaction ID : SB21B-2206-3288-e

Amount of Each Disbursement this Period

200
-----

Full Name (Last, First, Middle Initial)

**B. BevMo**

Mailing Address 1346 W Valley Parkway

City Escondido State CA Zip Code 92029-2132

Purpose of Disbursement  
Items for Gift Basket

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		04		2014

Transaction ID : SB21B-1610-175-V

Amount of Each Disbursement this Period

36
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**[MEMO ITEM]**

Subitemization of Maria McEneany ( 08/04/14 )

Full Name (Last, First, Middle Initial)

**C. Maria D McEneany**

Mailing Address PO Box 2631

City Rancho Santa Fe State CA Zip Code 92067-2631

Purpose of Disbursement  
Reimbursement: see memo items

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		04		2014

Transaction ID : SB21B-1940-3279-e

Amount of Each Disbursement this Period

152
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SUBTOTAL of Disbursements This Page (optional)..... ►

352.00
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TOTAL This Period (last page this line number only)..... ►

877.20
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

## North County RSF Dems

**A. San Diego County Democratic Party**

Date of Disbursement

Mailing Address 8340 Clairemont Mesa Boulevard  
Suite 105

Three digital displays are shown side-by-side. The first display shows '09' with two small squares above it. The second display shows '08' with two small squares above it. The third display shows '2014' with four small squares above it. There are slashes between the first and second displays, and between the second and third displays.

City	State	Zip Code
San Diego	CA	92111-1320

Transaction ID : SB23-81-3287-e

Purpose of Disbursement
Political Contribution: Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1500

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

1500.00

**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 16 OF 16

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

North County RSF Dems

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Lomas Santa Fe Country Club

Nature of Debt (Purpose):

Administrative/Salary/Overhead: Meeting:  
Venue, Food & BeverageMailing Address Attn: Catering  
1505 Lomas Santa Fe DriveCity State Zip Code  
Solana Beach CA 92075

Outstanding Balance Beginning This Period

0

Transaction ID : SD10-DEBT3343

Amount Incurred This Period

1014.77

Payment This Period

0

Outstanding Balance at Close of This Period

1014.77

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Martinez &amp; Associates, Inc.

Nature of Debt (Purpose):

Administrative/Salary/Overhead: Professional  
Treasurer ServicesMailing Address 810 Los Vallecitos Boulevard  
Suite 211City State Zip Code  
San Marcos CA 92069-1450

Outstanding Balance Beginning This Period

0

Transaction ID : SD10-DEBT3345

Amount Incurred This Period

200

Payment This Period

0

Outstanding Balance at Close of This Period

200

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

1214.77

2) TOTALS This Period (last page this line number only)..... ►

1214.77

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

1214.77